

Monroe County Building Department

Middle Keys Office: 2798 Overseas Highway, Marathon, FL, 33050, (305) 289-2501 ❖ *Lower Keys Office:* 5503 College Road, Key West, 33040, (305) 295-3990
Upper Keys Office: 102050 Overseas Highway, Key Largo, FL, 33037, (305) 453-8800 ❖ *Ocean Reef Office:* 11601 CR 905, Key Largo, FL 33037, (305) 453-8765
<http://fl-monroecounty.civicplus.com/149/Building-and-Permitting>

SEWER AFFIDAVIT

Permit # _____

Lot _____ Block _____ Subdivision _____

As the owner of the property located at:

I have been advised that sewers are scheduled to be connected to my property on or about _____ *(date)* per the applicable Wastewater Treatment District. I am hereby requesting that the Monroe County Building Department waive the required Department of Health (DOH) plan review and approval at the time of permit application submittal and I acknowledge that my construction will not be issued a Certificate of Occupancy until I connect to the operational sewer system. I understand that by electing this option, I may no longer qualify for a Department of Health (DOH) onsite wastewater system on this property, even if the construction of the sewer system is delayed.

I understand that if I sell this property, it is my responsibility to apprise the new owner in writing of the conditions of this affidavit and provide a copy of that notification to the Building Department.

Owner (print): _____	Contractor (Qualifier) (print): _____
Signature: _____	Signature: _____
STATE OF FLORIDA COUNTY OF _____ The foregoing instrument was acknowledge before me by means of <input type="checkbox"/> physical presence or <input type="checkbox"/> online notarization, this _____ day of _____, 20____ by _____ <input type="checkbox"/> Personally Known OR <input type="checkbox"/> Produced Identification Type of Identification Produced: _____	License #: _____ STATE OF FLORIDA COUNTY OF _____ The foregoing instrument was acknowledge before me by means of <input type="checkbox"/> physical presence or <input type="checkbox"/> online notarization, this _____ day of _____, 20____ by _____ <input type="checkbox"/> Personally Known OR <input type="checkbox"/> Produced Identification Type of Identification Produced: _____
NOTARY Name: _____ NOTARY Signature: _____	NOTARY Name: _____ NOTARY Signature: _____
My Commission Expires on: (SEAL)	My Commission Expires on: (SEAL)